

Figure 2: Study was part of a 9 country resource mapping that included Ethiopia

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CDT-Africa is a World Bank supported Africa centre of excellence that works to build endogenous capacity for local production of medicines (drugs, vaccines, diagnostics). The Centre is based at the College of Health Sciences, Addis Ababa University (AAU), one of the largest universities in Africa.



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a Global Problem!*



POLICY BRIEF

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Excellence

Discovery

Innovation

Centre for
Innovative Drug Development and
Therapeutic Trials for Africa
(CDT-Africa)



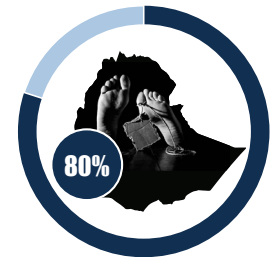
BUILDING ENDOGENOUS EXPERTISE FOR LOCAL PRODUCTION OF MEDICINES IN ETHIOPIA: AN URGENT PRIORITY TO ACHIEVE THE SDGS

EXECUTIVE SUMMARY

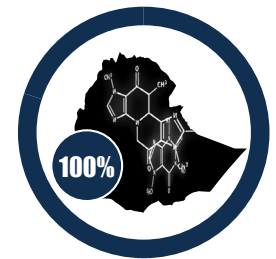
Poor access to essential medicines (drugs, vaccines and diagnostics) may account for the premature death of at least 8 in 10 people in Ethiopia. It is also a major barrier to achieving the Sustainable Development Goals (SDG). We conducted a resource mapping study to understand the extent of unmet need related to access to essential medicines. There were 9 pharmaceutical manufacturing companies in Ethiopia, compared with 34 in Kenya. Almost none of the companies function to full capacity. There was also no Active Pharmaceutical Ingredients (APIs) or vaccine and diagnostics production capacity. However, there was evidence of big potential and national commitment for local production of medicines. Nevertheless, the lack of expertise is a major threat to initiating local production. **Building multidisciplinary endogenous expertise within Ethiopia for the production of APIs and novel medicines is an urgent and critical priority.**



Essential drugs imported



Mortality from lack of essential drugs



APIs imported for essential drugs manufacturing



Vaccines & diagnostics imported

INTRODUCTION

Access to medicines (drugs, vaccines and diagnostics) is a formidable development challenge and a major barrier to achieving the Sustainable Development Goals (SDGs) in Ethiopia. On the other hand, ensuring access to medicines improves not only health and wellbeing (SDG 3), but also offers unparalleled opportunity for:

Economic growth and ending poverty (SDG 1, 2, 8 & 9)

Environmentally sustainable development (SDG 13)

Quality education & equity (SDG 4, 5 & 10)

Sustainable peace and security (SDG 16) &

Transformative partnerships (SDG 17) (Figure 1).

The Centre for Innovative Drug Development and Therapeutic Trials for Africa (CDT-Africa) was established as an Africa centre of excellence for education and research to address the root causes of poor access to medicines- the lack of expertise and specialist skills. As part of an initial planning work, CDT-Africa evaluated the unmet need for key resources for medicinal products (drugs, diagnostics and vaccines) in Ethiopia (Figure 2).

APPROACHES AND RESULTS

We used resource or asset mapping method and employed two approaches to gather data: review of the grey literature and key informant interviews. Key individuals responsible or working in regulatory authorities, Institutional Review Boards, laboratory facilities, institutions engaged in clinical trials, research and development sectors and other relevant institutions within the selected countries were interviewed.

Only 9 companies producing drugs were identified. This compares with 34 in Kenya.

None of the manufacturing industries have research and development programme.
 None of these industries produce WHO prequalified products.

Almost none of the facilities function to full capacity due to lack of experts.

The diagnostic manufacturing industry is much neglected and no human vaccines are produced despite small rabies vaccine program.

There was no capacity for producing Active Pharmaceutical Ingredients (APIs).

The average market share for domestically produced medicines was 20% for pharmaceutical markets and less than 1% for diagnostics and 0% for vaccines.

However, in the wider eastern and southern african region, Ethiopia is emerging as an expanding producer with relatively large pharma industrial parks, a regional bioequivalence centre; and national commitment to support local production of medicines.

The main challenges identified for local production were related to very little know-how and capacity for producing APIs, and R&D more broadly.

Other challenges were underdeveloped infrastructure, high import costs of APIs and low prices of imported finished or locally assembled products.

This also applied to diagnostics and vaccines.



Figure 1: Potential contribution of CDT-Africa to achieving the SDGs in Ethiopia.

IMPLICATIONS AND RECOMMENDATIONS

- The growth potential from local production of medicines is enormous and will prove a ‘fast-track’ to achieving the SDGs in Ethiopia, including fast economic growth.
- Developing endogenous capacity for APIs and novel products (for drugs, vaccines and diagnostics) is an urgent priority.
- Focus on end-to-end innovation, including training of technicians and specialist experts for APIs, clinical trials and commercialisation, is crucial.
- Establishment and nurturance of institutions that focus on endogenous capacity development should be a policy imperative.